

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(X-RAY HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Janet Daling, Ph.D.
And
Linda Cook, Ph.D.,
Fred Hutchinson Cancer Research Center

and

Institute for Survey Research
Temple University
of the Commonwealth System of Higher Education
1601 North Broad Street
Philadelphia, PA 19122

MAY 1998

SECTION: X-RAY HISTORY

INTRODUCTION: X-rays have been used to diagnose and treat many health problems. I'm going to ask several questions about x-rays you have had. Let's start with dental x-rays.

Q1. Before you were 18-years-old, did you ever have **dental x-rays** during a routine dental check-up or cleaning, or for dental or orthodontic work?

YES 1

NO 5

Q2. When you were 18 years of age or older, did you ever have **dental x-rays** for a routine dental check-up or orthodontic work?

YES 1

NO 5

Q3. Before (REFERENCE DATE), have you ever had any **chest x-rays** for any reason, including screening for tuberculosis and lung cancer? Do not include mammograms.

YES 1

NO 5 (Q5)

Q4. How many **chest x-rays** have you had during your lifetime?

/__/_/_____
(NUMBER)

Q5. Before (REFERENCE DATE), have you ever had a "cat-scan?"

YES 1

NO 5 (Q 7)

Q6. How many **cat-scans** have you had during your lifetime?

/__/_/____/
(NUMBER)

INTRODUCTION: Fluoroscopy is a type of moving x-ray that displays parts of the body on a fluorescent screen. This is not an ultrasound or sonogram. Fluoroscopy has been used to diagnose and treat conditions, and to help in fitting shoes.

Q7. Before (REFERENCE DATE), did you ever have **fluoroscopy** for any reason?

YES	1	
NO	5	(Q 14)

Q8. Did you have more than one **fluoroscopy** during your lifetime?

YES	1
NO	5

	Q 9. What was (one/another) part of your body that was fluoroscoped?	Q10. Why was this part of your body fluoroscoped?	Q11. How old were you when your <u>(BODY PART RECORDED IN Q9.)</u> was first fluoroscoped?	Q12. How many fluoroscopes did you have to your <u>(BODY PART RECORDED IN Q9.)</u> ?	Q13. How old were you when you had your last fluoroscopy to the <u>(BODY PART RECORDED IN Q9.)</u> ?
1ST	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)
2ND	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)
3RD	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)
4TH	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)

INTRODUCTION: IN the past, **x-ray treatments** were given during infancy and childhood for a number of health problems, such as enlarged thymus, tonsillitis, scalp conditions, acne, and psoriasis.

Q14. Before (REFERENCE DATE), have you ever had **x-ray treatments** to the head, neck, back, or chest?

YES

1

NO

5 (NEXT SECTION)

Q15. Did you have more than one **x-ray treatment** during your lifetime?

YES

1

NO

5

	Q16. What part of your body was treated by x-rays (<u>1st/2nd/3rd/4th</u>)?	Q17. What health problem was being treated with x-rays ?	Q18. How old were you when you were first treated for (<u>HEALTH PROBLEM RECORDED IN Q 17.</u>)?	Q19. How many x-ray treatments did you have for (<u>HEALTH PROBLEM RECORDED IN Q16.</u>)?	Q20. How old were you when you had your last x-ray treatment for (<u>HEALTH PROBLEM RECORDED IN Q 17.</u>)?
1ST	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/___/___/ (AGE)	/___/___/ (NUMBER)	/___/___/ (AGE)
2ND	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/___/___/ (AGE)	/___/___/ (NUMBER)	/___/___/ (Age)

3RD	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (Age)
	Q16. What part of your body was treated by x-rays (1st/2nd/3rd/4th)?	Q17. What health problem was being treated with x-rays ?	Q18. How old were you when you were first treated for (HEALTH PROBLEM <u>RECORDED IN Q 17.</u>)?	Q19. How many x-ray treatments did you have for (HEALTH PROBLEM <u>RECORDED IN</u> <u>Q16.</u>)?	Q20. How old were you when you had your last x-ray treatment for (HEALTH PROBLEM <u>RECORDED IN</u> <u>Q 17.</u>)?
4TH	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (Age)